

JC14 Rec'd PCT/PTO 01 JUL 2005

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	
Filing Date::	
Application Type::	371 National Entry
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCER
Attorney Docket Number::	701039-050025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	

Licensed US Govt. Agency::	National Institutes of Health (NIH)
Contract or Grant Numbers::	R01CA37393
Secrecy Order in Parent App.?::	

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Bruce
Middle Name::	
Family Name::	Zetter
Name Suffix::	
City of Residence::	Wayland
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	41 Grove Street
City of mailing address::	Wayland
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	01778

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Lloyd
Middle Name::	
Family Name::	Hutchinson
Name Suffix::	
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	69 Fuller Street
City of mailing address::	Brookline
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02446

Applicant Authority Type::	Inventor
Primary Citizenship Country::	CN
Status::	Full capacity
Given Name::	Lere
Middle Name::	
Family Name::	Bao
Name Suffix::	
City of Residence::	Newton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	145 Day Street
City of mailing address::	Newton
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02466

CORRESPONDENCE INFORMATION

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REPRESENTATIVE INFORMATION

Representative Customer Number::	50828
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OR

Representative Designation::	Registration Number::	Representative Name::
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Attorney of Record	34,235	David S. Resnick
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2004/000447	01/09/2004
PCT/US2004/000447	An application claiming the benefit under 35 USC 119(e)	60/438,861	01/09/2003

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::

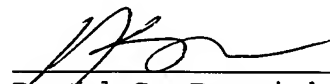
ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center Corporation
Street of mailing address::	55 Shattuck Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02115

Date:

DSR
7/1/05
~~7/1/05~~

Respectfully submitted,



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